

Foster Family Home - Corrective Action Report

Provider ID: 1-190016

Home Name: Leilani Bautista, CNA

Review ID: 1-190016-1

94-1007 B Hiapo Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 2/26/2019

Foster Family Home

Required Certificate


[11-800-6]


6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a new 2 person CCFFH certification made on 2/26/2019.

6.(d)(1) - Home in compliance with all requirements


Compliance Manager


Primary Care Giver


Date


Date